PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000								504/849793 5049200100416				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			12				F	ATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER.EXTRA		BAS	IC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			12 minus 20=				X	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			∠ minus 3 =		./		×	X40=		OR	X80=	8.4
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT	٠.				+135=		OR	+270=	D . Ch.
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	790·s	
CLAIMS AS AMENDED - PART II								, , , L		lon	OTHER	
_	2H-08	(Column 1)	(Column 2)			(Column 3)	SI	MALL	ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT	Cast	NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 12	Minus	-20	<u> </u>	= 0	X	\$ 9=		OR	X\$18=	
	Independent	1. 4	Minus	*** L	<u> </u>	= Ø	Х	40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	DETIPLE DEF	ENUENI	CLAIM		+1	35=		OR	+270=	
								TOTAL T. FEE		OR	TOTAL ADDIT, FEE	
	·	(Column 1)		(Colu	mn 2)	(Column 3)	7,00					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		a [']	X:	9=		OR	X\$18≃	
	independent		Minus	***	- OJ AJNA	-	X	40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								35=		OR	+270=	
								TOTAL T. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus .	••		=	X	9=		OR	X\$18=	ï
	Independent	•	Minus	***		6	X	10=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEF										OR OR	+270= TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												·

FORM PTO-675 (Rev. 8/00)

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ication or Docket Number